

Complete if Known

Application Number	10/750,356
Filing Date	December 31, 2003
First Named Inventor	DOUGLAS M. DILLON
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	PD-N94026L (02229.0002AU)

☐ Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	380.00
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Attorney Docket No.	PD-N94026L (02229.0002AU)
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number	06-1205	Deposit Account Name	Fitzpatrick, Cella, Harper & Scinto
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	.0	.0	.0	.0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Fee(\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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<u>79</u>	- 74 or HP =	<u>5</u>	x	<u>50.00</u>	=	<u>\$250.00</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20								

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
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$\frac{9}{\text{HP} = \text{highest number of independent claims paid for, if greater than 3}} - 3 \text{ or HP (9)} = \frac{0}{0} \times \frac{0}{0} = \frac{0}{0}$

3. APPLICATION SIZE FEE

14 If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Terminal Disclaimer Fee	\$100 fee (no small entity discount)	\$130.00
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Other: _____

SUBMITTED BY

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Name (Print/Type) Daniel S. Glueck

Date: April 23, 2007

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